

PHYSICIAN'S STATEMENT

How long have you known patient? _____ Date of last examination _____

General physical condition _____

Reproductive organs: (Female—infantile uterus or other evidence of probable sterility; Male—undescended testes, atrophic testes or other evidence of probable sterility)

Positive history of anemia, heart disease or allergy? If so, please elaborate _____

Menstrual history _____

If patient is epileptic specify type and indicate to what degree this interferes with every day activities _____

Specify the kind of information relating to the patient that has been made available to you such as: Social history, psychological, and psychiatric reports _____

The Eugenics Board has jurisdiction in case of the "mentally diseased" or mentally ill, "feeble-minded" or mentally retarded, and the "epileptic." (Fill in the diagnosis applicable).

"Mentally diseased" _____ "Feeble-minded" _____ "Epileptic" _____
(Specify type of psychosis)

Is there any known contraindication to the requested surgical procedure? _____

AFFIDAVIT OF PHYSICIAN

_____, a registered physician of _____,

County _____, North Carolina, being duly sworn says that he (she) has had actual knowledge of the case of _____, patient, and says further

that the foregoing information relating to _____, patient, is true of his (her) knowledge, except as to those matters therein stated upon information and belief, and as to those, he (she) believes it to be true.

(Physician)

Sworn to me, this _____ day of _____, 19 ____

(seal)

(N. P., J. P., or Clerk of Superior Court)

My commission expires _____